



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

APPLICATION FOR FICTITIOUS NAME For A Limited Liability Partnership

To: Charlie Daniels
Secretary of State
State Capitol
Little Rock, Arkansas 72201-1094

Pursuant to the provisions of Act 1528 of 1999, the undersigned limited liability partnership hereby applies for the use of a fictitious name and submits herewith the following statement:

1. The fictitious name under which the business is being, or will be, conducted by this limited liability partnership is:

2. The character of the business being, or to be, conducted under such fictitious name is:

3. a) The limited liability partnership's name and its date of qualification in Arkansas:

b) The State of registration is:

c) The location (city and street address) of the registered office of the applicant limited liability partnership in Arkansas is:

Street _____

City _____

State _____

Signature: _____
(The partner acknowledges that he/she is authorized to execute this application)

Address: _____

INSTRUCTIONS:

File with the Secretary of State's Office, Business Services Division, State Capitol, Little Rock, Arkansas 72201-1094.
A copy will be returned to the limited liability partnership.